

DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32880**
Registrar's No. **8645**

MED OCT 1 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis, Missouri**c. LENGTH OF
STAY (in this place)
15 Daysd. FULL NAME OF
HOSPITAL OR
INSTITUTION **St. Louis City Hospital #1**2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTYc. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis, Mo** **2249**d. STREET
ADDRESS
3727 S. Broadway3. NAME OF
DECEASED
(Type or Print)a. (First)
THEODORE

b. (Middle)

c. (Last)
DERLETH4. DATE
OF
DEATH (Month) (Day) (Year)
SEPT. 13, 19525. SEX
Male6. COLOR OR RACE
White7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
Mar. 26 18729. AGE (In years
last birthday) **80**IF UNDER 1 YEAR
Months **5**IF UNDER 1 YEAR
Days **17**IF UNDER 1 YEAR
Hours **17**12. CITIZEN OF WHAT
COUNTRY?
U.S.A.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)
Foundry Worker10b. KIND OF BUSINESS OR IN-
DUSTRY
Bush Deisel11. BIRTHPLACE (City and State or Foreign Country)
Bellville Ill13a. FATHER'S NAME
Gerhard Derleth13b. MOTHER'S MAIDEN NAME
Julia Lindhoff14. NAME OF HUSBAND OR WIFE
Clara Derleth15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY
NO.
No17. INFORMANT'S SIGNATURE OR NAME
ADDRESS
Clara Derleth 3727 S. Broadway18. CAUSE OF DEATH
Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, asthma,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS*
Conditions contributing to the death but not
related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT
SUICIDE
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-29-52**, 19**52**, to **9-13-52**, 19**52**, that I last saw the deceased
alive on **9-13-52**, 19**52**, and that death occurred at **10:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.
SEP 15 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Wm. Schumacher 3013 Meramec

(Licensed Embalmer; Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Jack Haupt

Licensed Embalmer No.

4776

P. O. Address

St Francis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.